

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/532849**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		3				
11		1				
12		1				
13		2				
14		①				
15		2				
16		2				
17		2				
18		①				
19		①				
20		①				
21		①				
22		①				
23		①				
24		1				
25		1				
26		2				
27		①				
28		2				
29		2				
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48						
49						
50						
TOTAL IND.	1	↓		↓		↓
TOTAL DEP.	37	←		←		←
TOTAL CLAIMS	38					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						